

POSITION	INITIALS	ID NO.	DATE
	CMB	412	7-29
FEE DETERMINATION		71530	5.11
O.I.P.E. CLASSIFIER	BB	48	5/14/91
FORMALITY REVIEW	OR	68195	5-28-96

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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